## OMGINAL

For Commission Use Only:

Case:

## OFFICIAL FILE OFFICIAL FILE ILLINOIS COMMERCE COMMISSION FORMAL COMPLAINT Illinois Commerce T

Springfield, Illinois 62701 World Waste 🚁 S
Regarding a complaint by (Person making the complaint):
Against (Utility name):  Against (Utility name):  Clearly Solution  The solution of the soluti
As to (Reason for complaint) ETTOTS Made IN NICOR, STRA 500
CHALGES 24 MONTHS LATER, LAPOSSIBLE TELSTOP
FOR IN a TMA// business. TOTAL COST about TO, DO
in Ser wyw Illinois.
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:
My mailing address is 708 WISCONS IN
The service address that I am complaining about is 6490-46 (Frmax, Sprwyw, 12
My home telephone is \( \begin{align*} \frac{18}{35} & \frac{55}{35} & \frac{79}{35} \end{align*} \)
Between 8:30 A.M. and 5:00 P.M. weekdays. I can be reached at
(Full name of utility company) (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.
280,100 NNbilled Service -
(91845 11GHT TO "COTTECT" MYSTONES
Up to 2 years.
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?
Has your complaint filed with that office been closed?

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.
"Propagate From Made by Nicor-Were
NOT CAUGHT FOR 2 Years, IMPOSSIBLE
FORA SMALL BUSINESS to TE-BUDGET
AFTER & Years. Newbills between NICO
NOT CAUGHT FOR 2 Years, Impossible FOR A SMALL BUSINESS to TE-budget AFTER 2 Years. Newbills between NICON AND CENTREPOUT RESULT IN about 1/2/10
Please clearly state what you want the Commission to do in this case:  Wipe Out the Classe:
Date: 12/13/04 Complainant's Signature 1000 Benson  (Manth, day, year)
If an attorney will represent you, please give the attorney's name, address, and telephone number.  You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).
VERIFICATION
A notary public must witness the completion of this part of the form.
- 1 1 1 So 11 A 100 =
In contents of this petition are true to the best of my knowledge.
(Signature) Ton Leure
Subscribed and sworp/affirmed to before me on (month, day, year) yan. 5, 3005.
Notary Public, Illinois  "OFFICIAL SEAL"  MARIA LOPEZ  Notary Public, State of Illinois  My Commission Expires March 26, 2005
NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.

lcc207/07